

Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

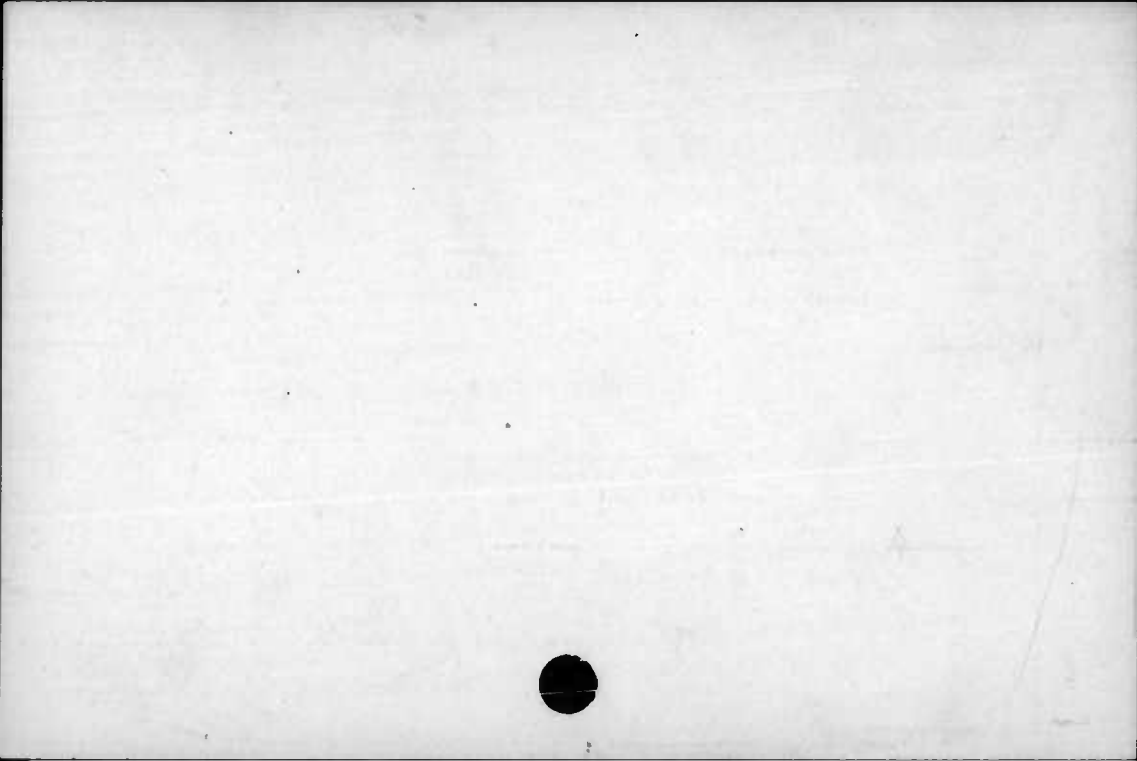
Died at <i>near Pocomoke</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>12</i>	Age <i>35</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Worcester Co</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>near Pocomoke</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harriet G. Boston</i>					
Father's Name <i>John Barker</i>		Father's Birthplace <i>Worcester</i>					
Mother's Maiden Name <i>Polly Boston</i>		Mother's Birthplace <i>Worcester</i>					
Name of person giving information <i>Sam H. Boston</i>		How related to deceased <i>Father-in-Law</i>					

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>20 years</i>
Immediate <i>Fell in mud & strangled</i>	How long <i>at once</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel S. Boston</i>
	Address <i>Pocomoke, Md.</i>
Accident or Suicide?	



Name
in
Full

Henry Brown, Col.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Shaw Hill ^{Town} Boston ^{County} Maryland

Date of death 1908 ^{Month} 7 ^{Day} 31 ^{Years} 75 ^{Months} 1 ^{Days} 1

Sex Male Color or Race Negro Birth-place Maryland

Occupation Harmer Where Residing if not at place of death at place of death

Married, ~~Single~~ ^{or Widowed} Name of Wife Niecey J. Brown

Father's Name Levin Ayres, Col. Father's Birthplace W.D.

Mother's Maiden Name Rachel Franklin, Col. Mother's Birthplace W.D.

Name of person giving information Niecey J. Brown How related to deceased Wife.

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary Diabetes Mellitus How long about 4 years

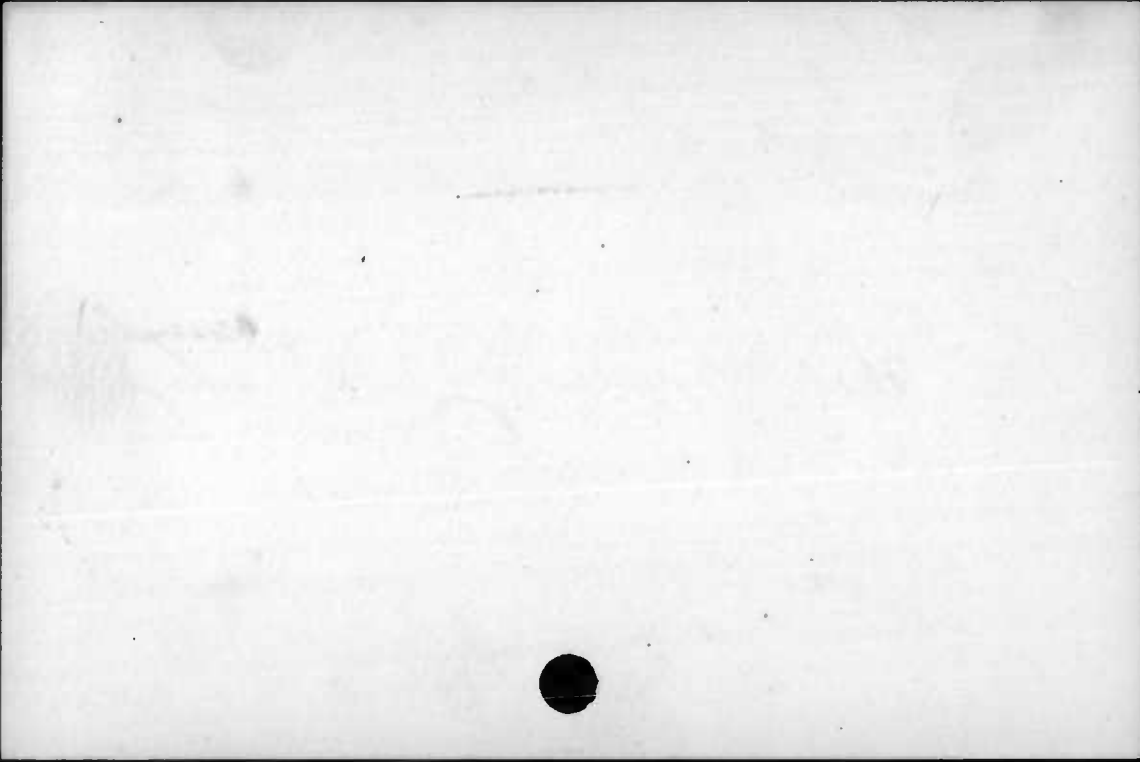
Immediate Diabetic Gangrene How long 5 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. D. Strange, M.D.

Address Shaw Hill, Md.

Accident or Suicide? neither



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dr. D.

Name in Full James H. Clayville		Town Snow Hill		County Worcester		CERTIFICATE OF DEATH	
Died at Snow Hill		Date of death 1907 July 26		Age 9		Months 29	
Sex male		Color or Race white		Birth-place Penn		MAYLAND	
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Henry Clayville		Father's Birthplace Ind.					
Mother's Maiden Name Isattio German		Mother's Birthplace Ind.					
Name of person giving information Henry Clayville		How related to deceased Father					
CAUSES OF DEATH							
Primary		How long 179					
Immediate Baras mus		How long 5 mos.					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. D. Strangman					
		Address Snow Hill.					
		Ind					

$$\begin{array}{r} 3.75 \\ .11 \\ \hline 3.86 \end{array}$$

$$\begin{array}{r} 3.75 \\ .11 \\ \hline 3.86 \end{array}$$

Name
in
Full

Sarah M Coard child

CERTIFICATE OF DEATH

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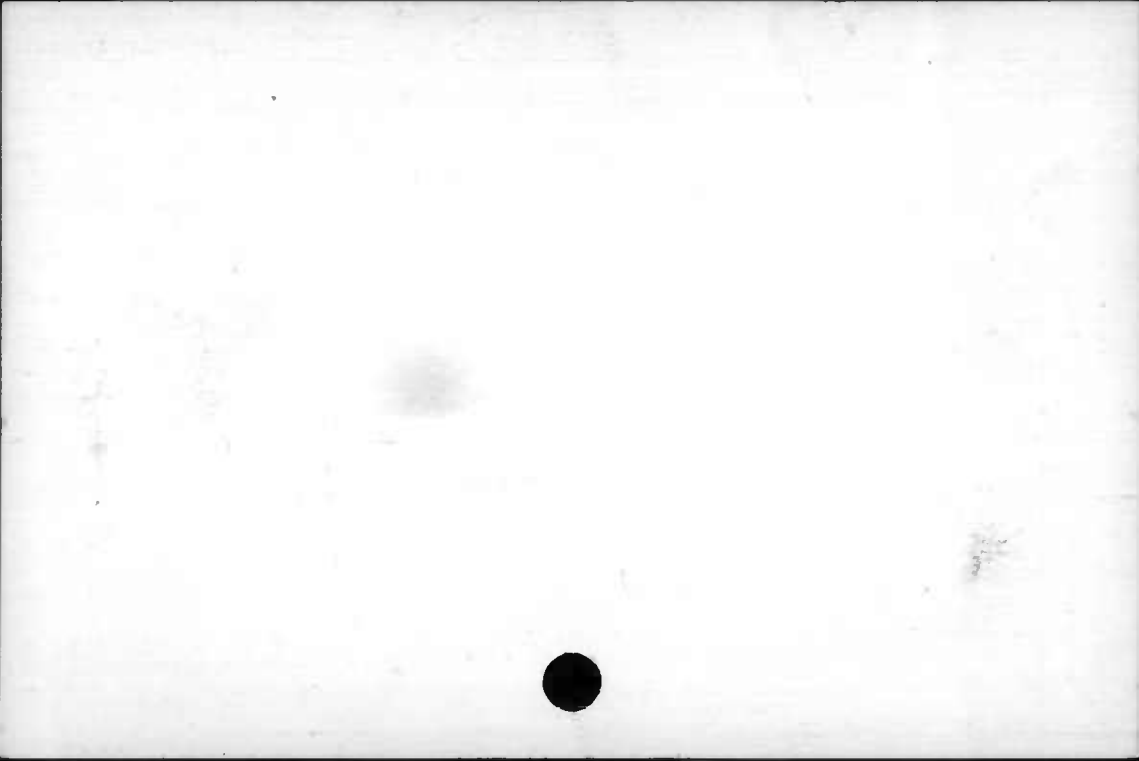
Died at <i>Berlin</i> ^{Town}		<i>Wor</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>26</i>	Age	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm R obbins</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Sarah M Coard</i>		Mother's Birthplace <i>md</i>			
Name of person giving Information <i>Mary E Coard</i>		How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>unknown</i>	How long <i>all life</i>
Immediate <i>unknown</i>	How long <i>7</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>No. Doc Co</i>
	Address <i>OK W A Massey</i>
Accident or Suicide <i>2</i>	<i>H. Offin</i>



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CERTIFICATE OF DEATH

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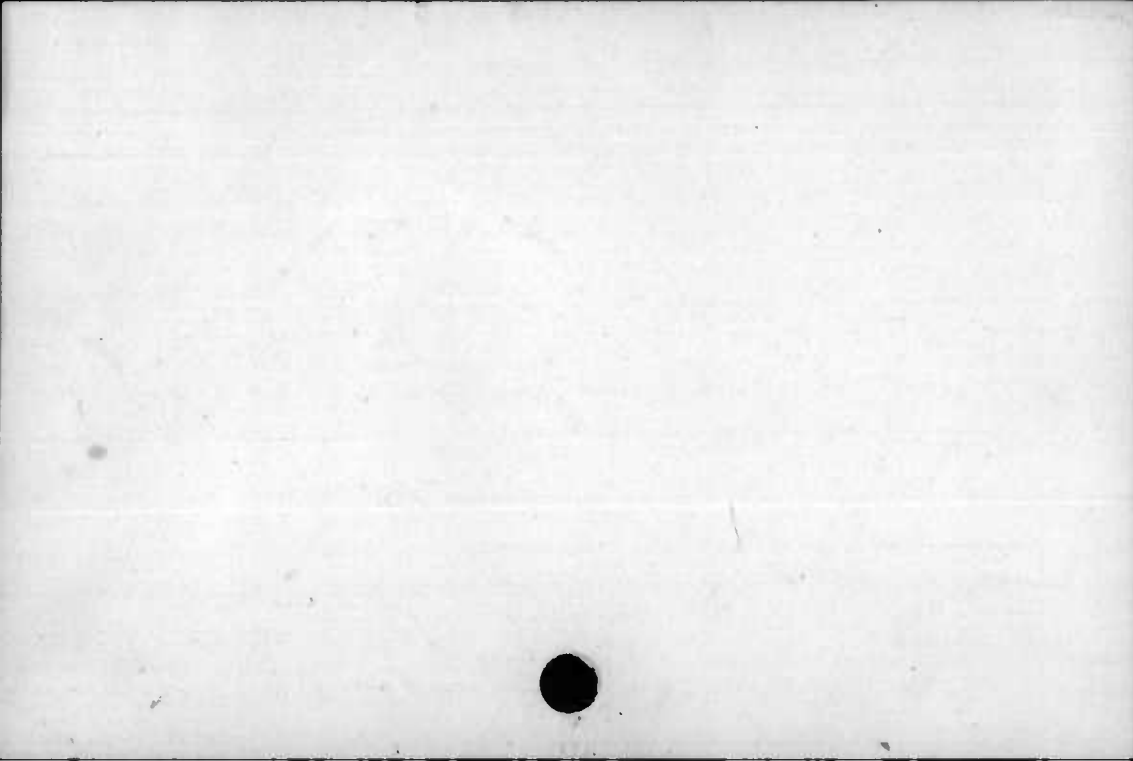
Died at <i>Baltimore City</i>		Town <i>Baltimore City</i>		County <i>Harvest</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>12</i>		Age <i>6</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Id.</i>			
Occupation <i>r</i>		Where Residing if not at place of death <i>r</i>					
Married, Single or Widowed <i>r</i>		Name of Wife or Husband <i>r</i>					
Father's Name <i>Robt. H. Coffey</i>		Father's Birthplace <i>Id.</i>					
Mother's Maiden Name <i>Bryna M. Schofield</i>		Mother's Birthplace <i>Id.</i>					
Name of person giving information <i>Bryna M. Schofield</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastric enteritis</i>	How long <i>6 weeks</i>
Immediate <i>Bacterial Colic</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>J. Milner</i>
	Address <i>Baltimore City</i>
Accident or Suicide? <i>r</i>	



Name
in
Full

CERTIFICATE OF DEATH

George E Collick

Town *Stockton* County *Worcester* MARYLAND

Died at *Stockton*

Date of death *1908* Month *7* Day *31* Age *—* Years *—* Months *7* Days *15*

Sex *Male* Color or Race *Black* Birthplace *md*

Where Residing if not at place of death

~~Married~~ Single Name of Wife or Husband

Father's Name *Lee W Collick* Father's Birthplace *md*

Mother's Maiden Name *Sarah Bowley* Mother's Birthplace *md*

Name of person giving information *Lee W Collick* How related to deceased *father*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *4 weeks*

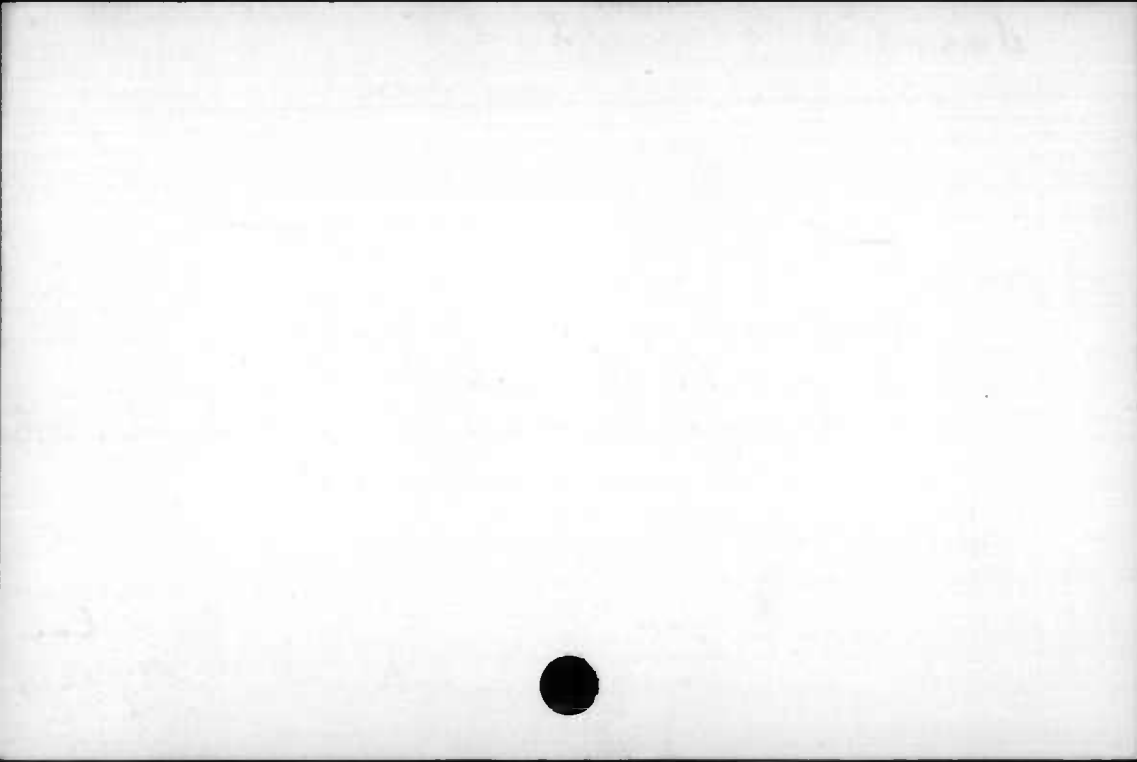
Immediate *Heart failure* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W O Payne*

Address

Accident or Suicide?



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Neare River City* *Worcester* *MARYLAND*Date of death 190 *8* Month *July* Day *24* Age *—* Years Months *6* Days *—*Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation

Where Residing if not
at place of death~~Married~~ Single
or ~~Widowed~~Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

105

How long

PHYSICIAN
OR CORONER

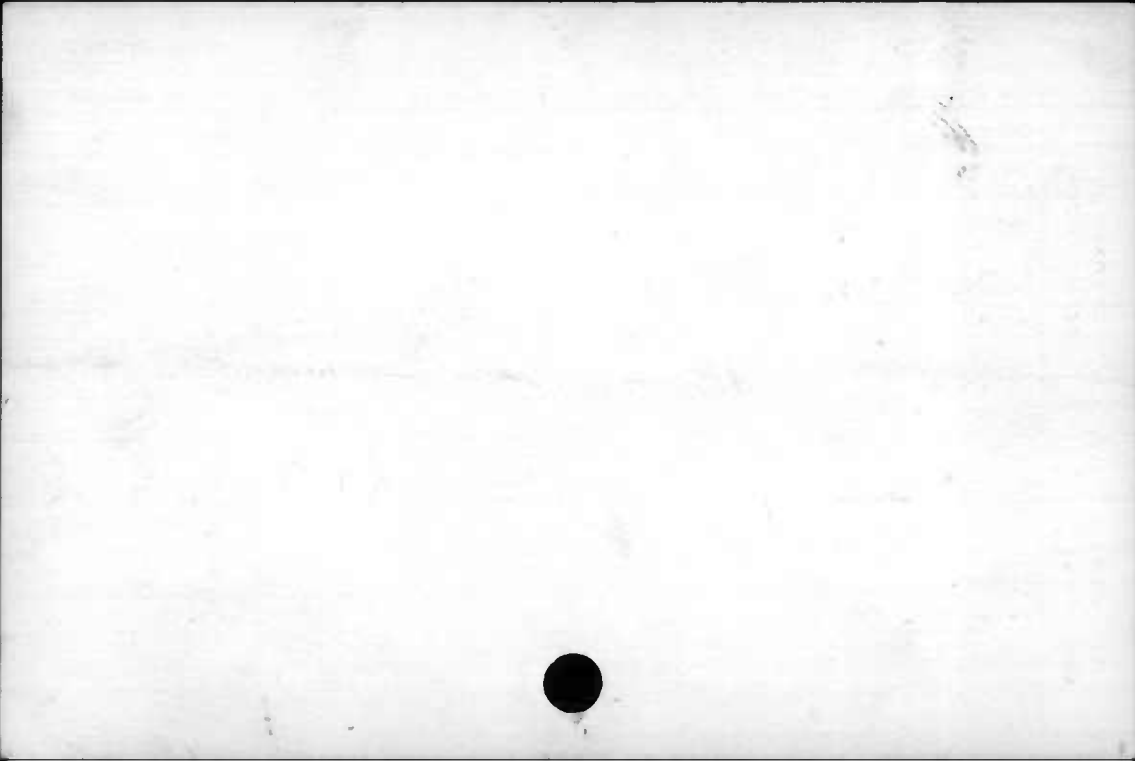
Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide



Name
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Sarah E F Dennis

CERTIFICATE OF DEATH

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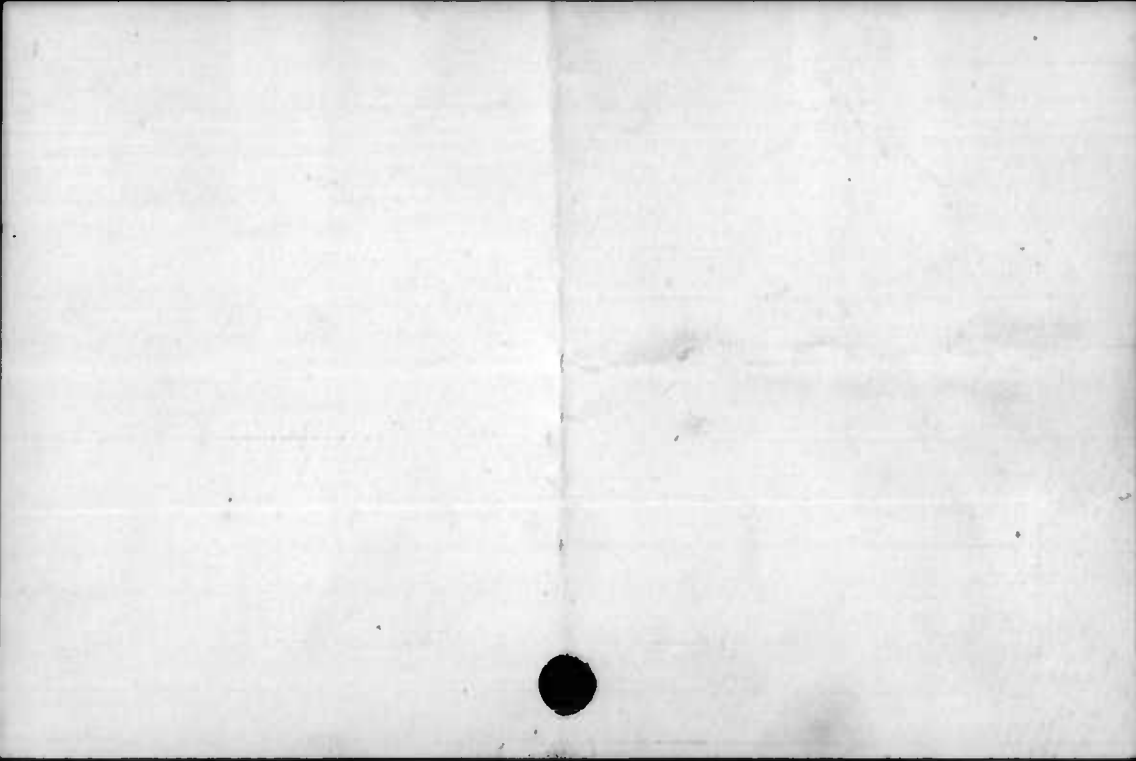
Died at <i>Pawmoke city</i> ^{Town}		<i>Morris</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>24</i>	Age <i>18</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Worcester Co</i>		
Occupation <i>Domestic</i>			Where Residing if not at place of death <i>Pawmoke city</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Richard Hulland</i>	Father's Birthplace <i>Morris Co</i>				
Mother's Maiden Name <i>Ella Dennis</i>	Mother's Birthplace <i>22 15</i>				
Name of person giving information <i>Norman Cox</i>	How related to deceased <i>Neighbor</i>				

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary <i>Recent Confinement</i>	How long <i>9 days</i>
Immediate <i>Convulsion Fever</i>	How long <i>29 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Saml J. Quinn</i>
	Address <i>Pawmoke city Md</i>
Accident or Suicide?	



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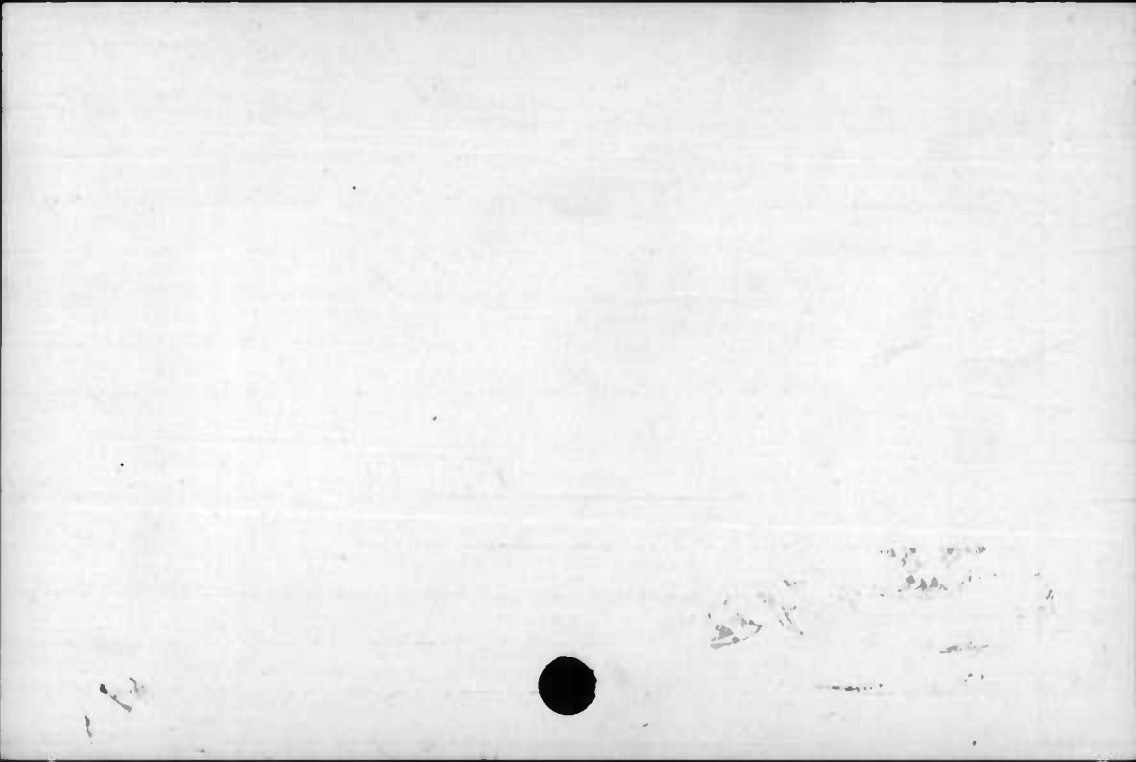
Name <i>Marret Griffin</i>		Town <i>Bishop P. H. #2</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Bishop P. H. #2</i>		Date of death <i>1908</i>		Month <i>July</i>		Day <i>13</i>	
Age <i>56</i>		Years <i>56</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Nurse work</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William E. Griffin</i>					
Father's Name <i>Henry Bowden</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Marret Bowden</i>		Mother's Birthplace <i>Mo.</i>					
Name of person giving information <i>Paymaster Bowden</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary		How long <i>6 months</i>	
Immediate <i>Cancer of mouth</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. P. Collins</i>	
<i>Yes</i>		Address <i>Bishopville</i>	
Accident or Suicide?		<i>Ind.</i>	



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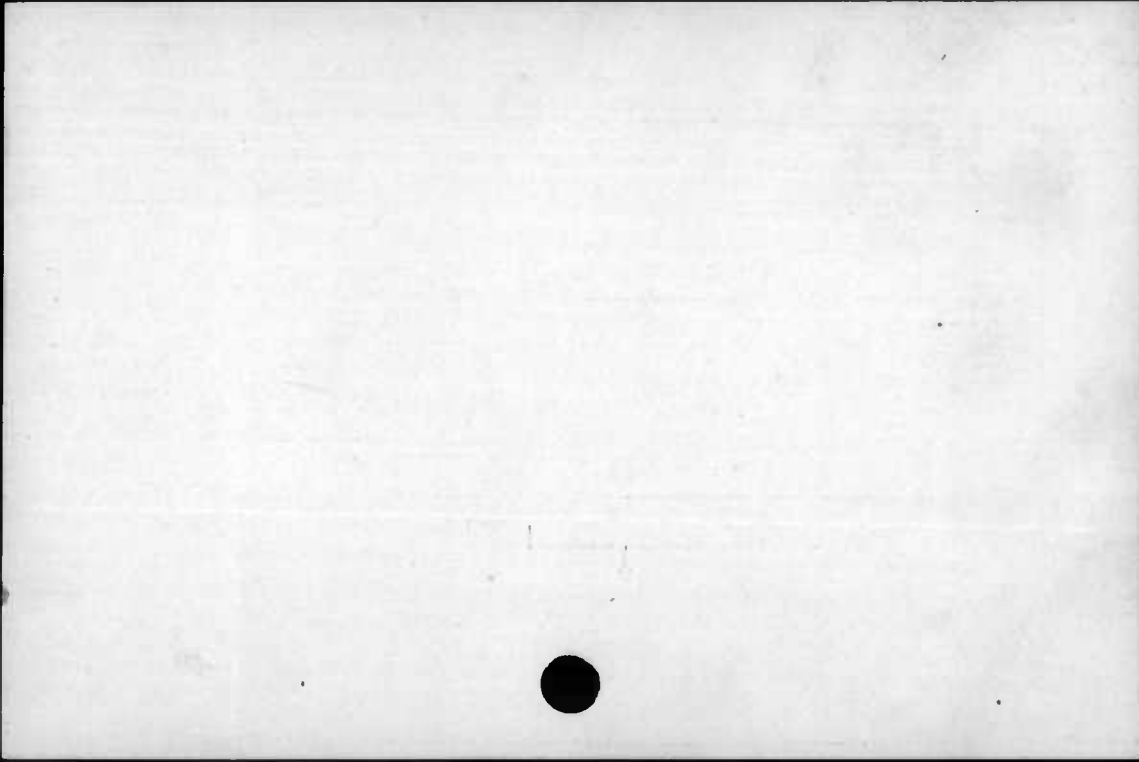
Died at <i>Pocomoke city</i> <small>Town</small>		<i>Norchester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>28</i>	Age <i>34</i>	Months <i>19</i>	Days <i>19</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i> <i>Mordella Springs</i>			
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Pocomoke city Md</i>				
Married, Single Widowed	Name of Wife or Husband <i>E D Groton</i>				
Father's Name <i>S J Gillis</i>	Father's Birthplace <i>Md.</i> <i>Mordella Springs</i>				
Mother's Maiden Name <i>Lizzie Robinson</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>E D Groton</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>6 weeks</i>
Immediate <i>Collapsus</i>	How long <i>See Exam.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Pocomoke city</i>
Accident or Suicide? <i>No</i>	



Name
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CERTIFICATE OF DEATH

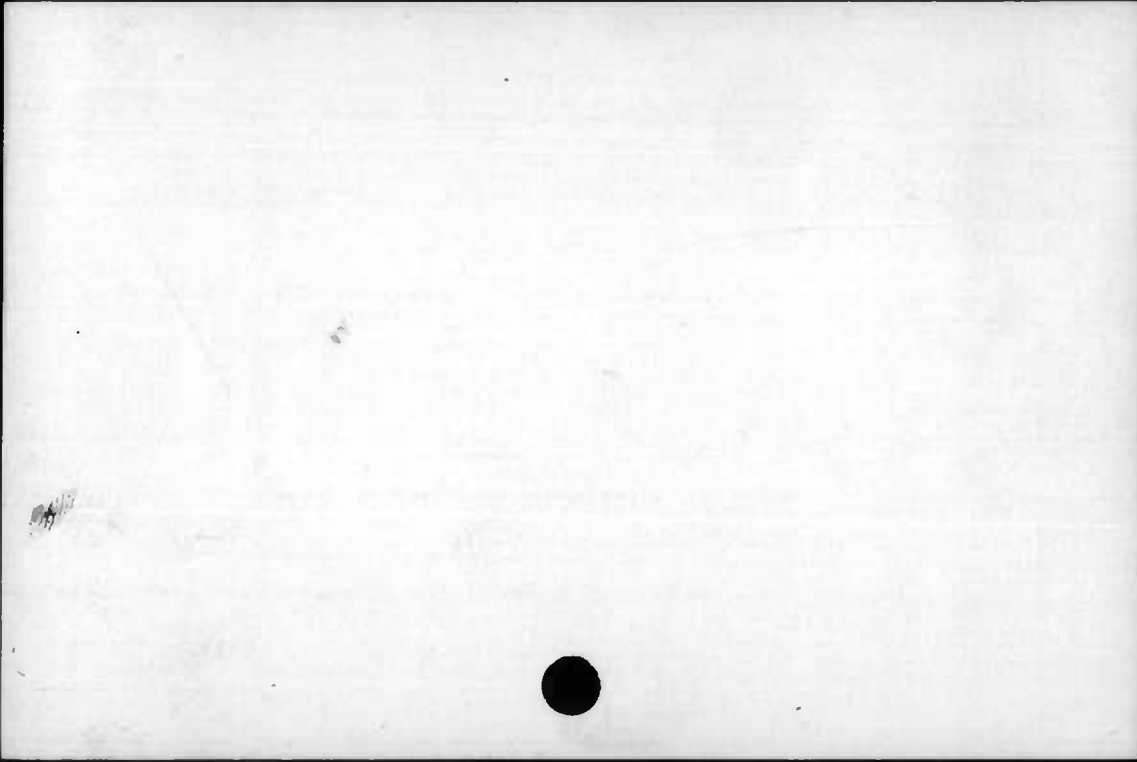
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Strockton</i>		County <i>Worcester</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>6</i>	Age <i>87</i>	Years	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hettie Redden</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Isaac Gunby</i>		<i>son</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease of Heart</i>	How long	<i>79</i> <i>1 yr.</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jno. D. Dickerson M.D.</i>	
		Address <i>Strockton, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

Name *Calantha Hales*

Died at *Snow Hill* Town *Worcester* County

Date of death *1908* Month *July* Day *8* Age *-* Years *-* Months *3* Days *-*

Sex *female* Color or Race *white* Birth-place *Ind*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Wm. P. Hales* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Hudson* Mother's Birthplace *Ind*

Name of person giving information *W. P. Hales* How related to deceased *father*

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *4 days*

Immediate *Colic* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Law Jones*

Address *Snow Hill Ind*

Accident or Suicide? *No*



Name
in
Full

Elizabeth Hall

CERTIFICATE OF DEATH

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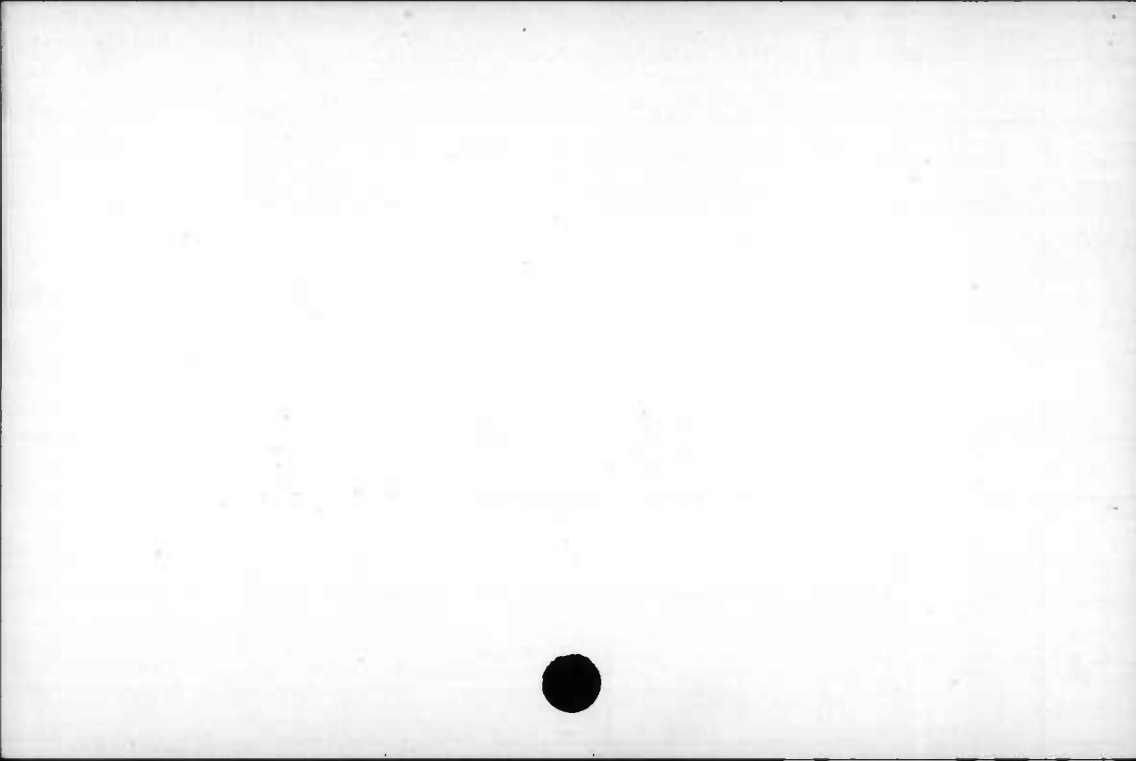
Died at <i>near Stockton</i>		Town <i>Stockton</i>		County <i>Winchester</i>		MARYLAND	
Date of death	1908	Month	July	Day	19	Age	0
Sex	Female	Color or Race	white	Birth-place	Ind	Months	4
Occupation	none			Where Residing if not at place of death		none	
Married, Single or Widowed	single			Name of Wife or Husband		-	
Father's Name	Benj. J. Hall			Father's Birthplace		Del	
Mother's Maiden Name	Rida Burton			Mother's Birthplace		Neb	
Name of person giving information	James Reid			How related to deceased		none	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>6 weeks</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. L. Wickersham</i>
		Address	<i>Stockton Winchester Lee</i>
Accident or Suicide?	<i>9</i>		



Name
In
Full

Chas. A. Hancock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		<i>July</i>	<i>3</i>	<i>2</i>	<i>2</i>	<i>6</i>	<i>18</i>
Sex		Color or Race		Birthplace			
<i>M.</i>		<i>White</i>		<i>Ind</i>			
Occupation				Where Residing if not at place of death			
<i>—</i>				<i>—</i>			
Married, Single or Widowed				Name of Wife or Husband			
<i>—</i>				<i>—</i>			
Father's Name				Father's Birthplace			
<i>Louis Hancock</i>				<i>Ind</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Bessie Hitchman</i>				<i>Ind</i>			
Name of person giving information				How related to deceased			
<i>Louis Hancock</i>				<i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enteric Colitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Fannie Jones</i>	
		Address	
		<i>Snow Hill</i>	
		<i>MD</i>	
Accident or Suicide?			



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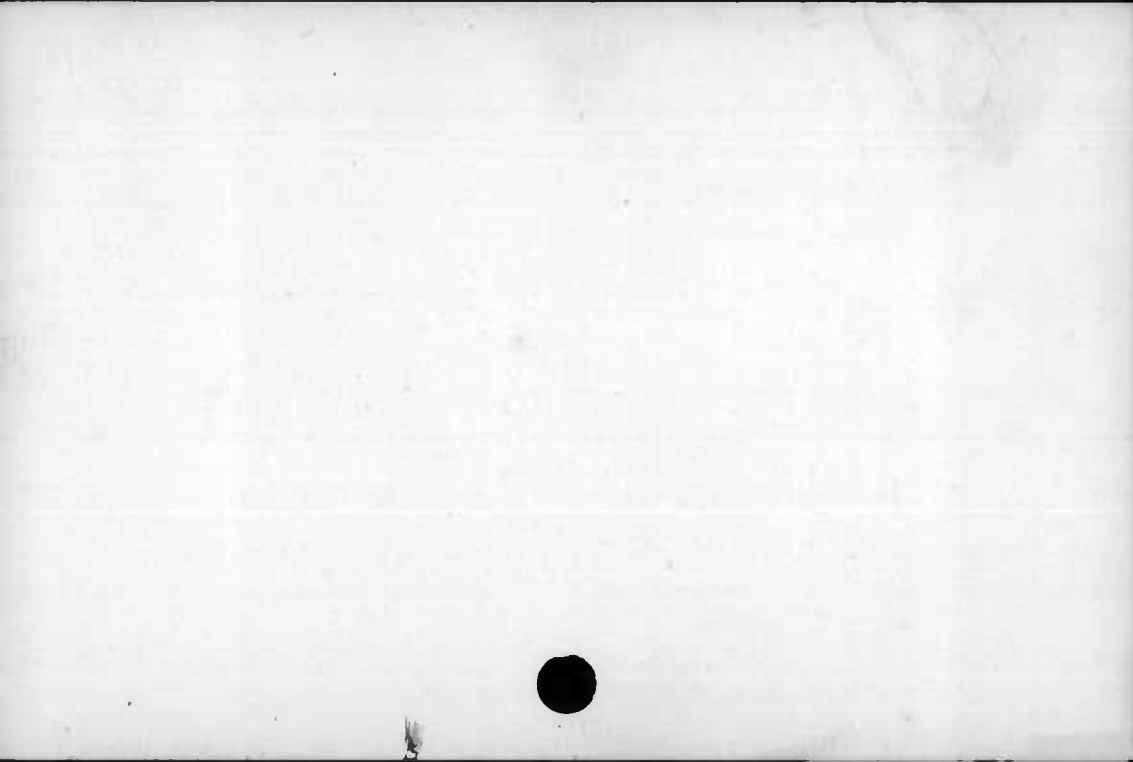
Name in Full LeRoy Hastings		Town Sykesport		County Mon		STATE MARYLAND	
Died at Sykesport		Month July		Day 23		Years 2	
Date of death 1908		Months —		Days —		Age 2	
Sex male		Color or Race White		Birth-place Sykesport Md			
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Henry Hastings		Father's Birthplace Sykesport Md					
Mother's Maiden Name Smith		Mother's Birthplace V. Md					
Name of person giving information Henry Hastings		How related to deceased Father					

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary Measles	How long all of life
Immediate Measles	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician No doctor
	Address D. A. Massey
	O.K.
Accident or Suicide? 9	H. Officer



Name
in
Full

Mary E. Hearn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Snow Hill</i> Town		<i>Worcester</i> County			
Date of death <i>1908</i>	Month <i>July</i>	Day <i>3</i>	Age <i>33</i> Years	Months <i>1</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Powellville, Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>J. Wm Hearn</i>				
Father's Name <i>Lodie Littleton</i>	Father's Birthplace <i>Powellville, Md.</i>				
Mother's Maiden Name <i>Annie Bradford</i>	Mother's Birthplace <i>Powellville, Md</i>				
Name of person giving information <i>J. Wm Hearn</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Unknown</i>
Immediate	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Riley,</i>
	Address <i>Snow Hill</i>
	<i>Md.</i>
Accident or Suicide?	



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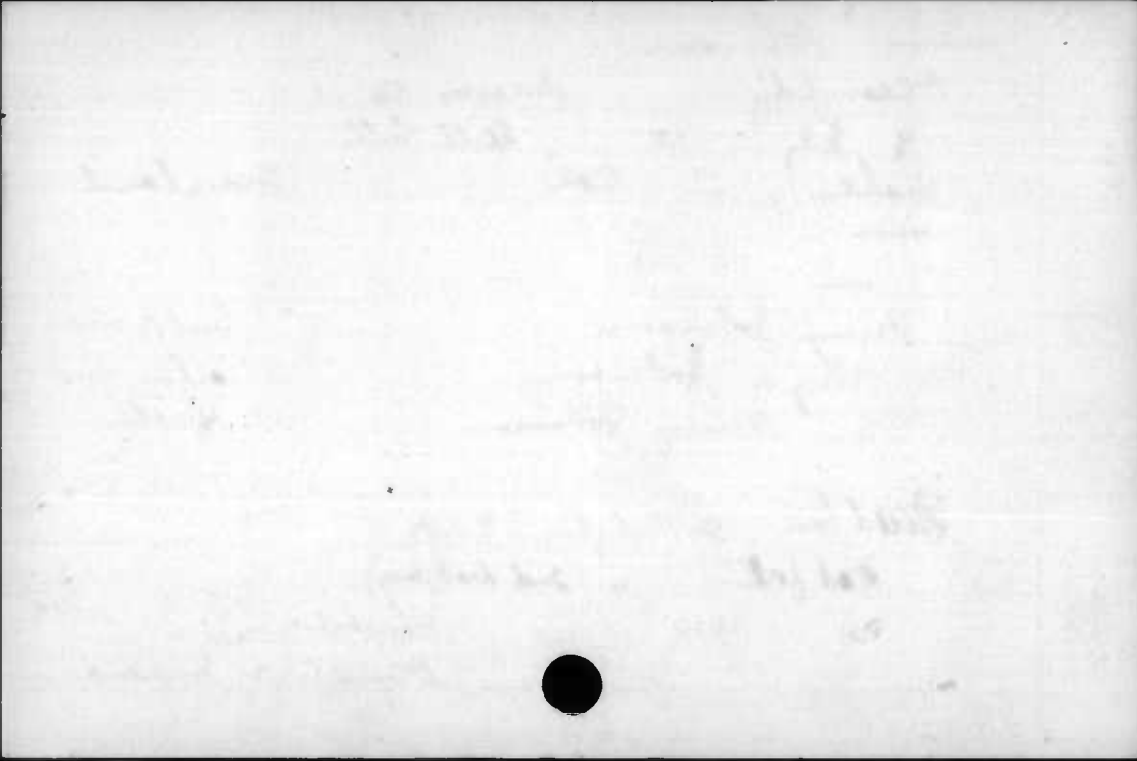
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocean City</i> ^{Town}		<i>Worcester Co</i> ^{County}		MARYLAND	
Date of death	1908	Month	July	Day	15
Age		Still Birth		Years	Months
Sex	male	Color or Race	Col	Birth-place	Maryland
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dead born - (syphilitic) 8 mos -</i>	How long	—
Immediate	<i>Dead fetus</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Schuetz</i>
yrs		Address	
Accident or Suicide?		<i>Ocean City, Maryland</i>	



Name
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Full

M Martha E. Simmons

CERTIFICATE OF DEATH

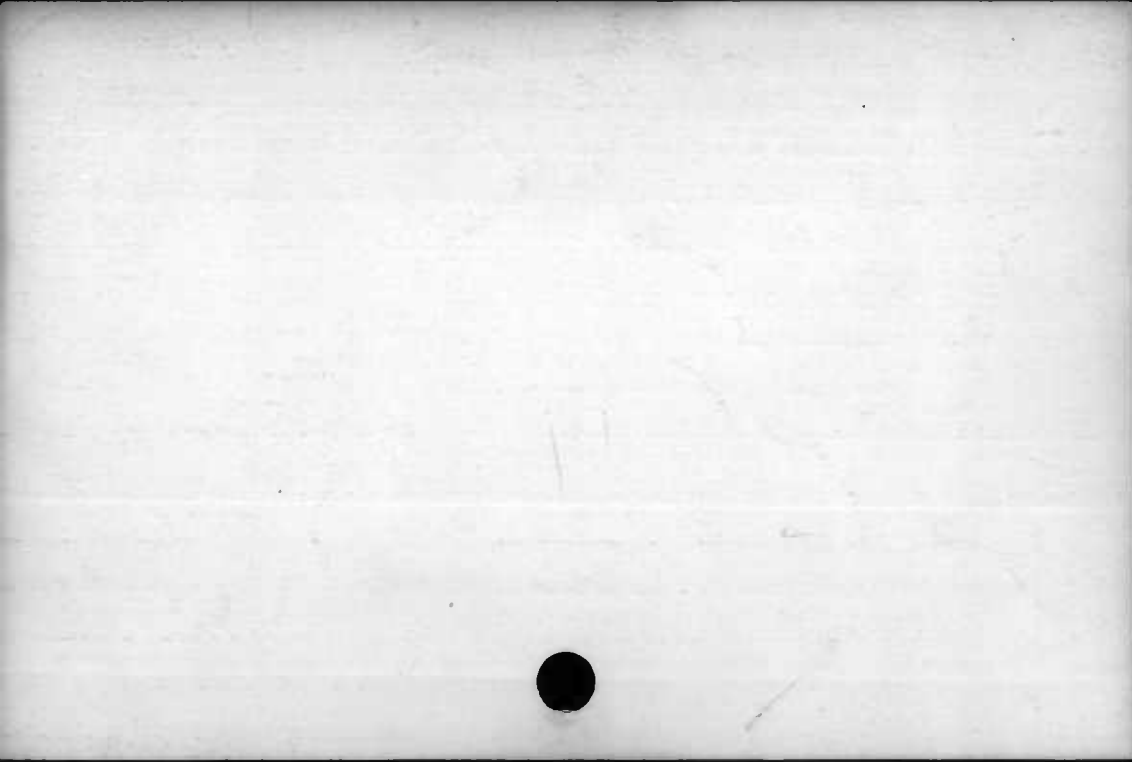
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharon Shopton</i> Town		<i>Sussex</i> County		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>13</i>	Age <i>88</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Mo</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Chas Walter</i>	Father's Birthplace <i>Mo</i>				
Mother's Maiden Name <i>Mary Giles</i>	Mother's Birthplace <i>Mo</i>				
Name of person giving information		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Paralysis</i>	How long <i>Years</i>
Immediate <i>Apoplexy</i>	How long <i>Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Garrison</i>
	Address <i>Shopton</i>
Accident or Suicide?	<i>Mo</i>



Name
in
Full

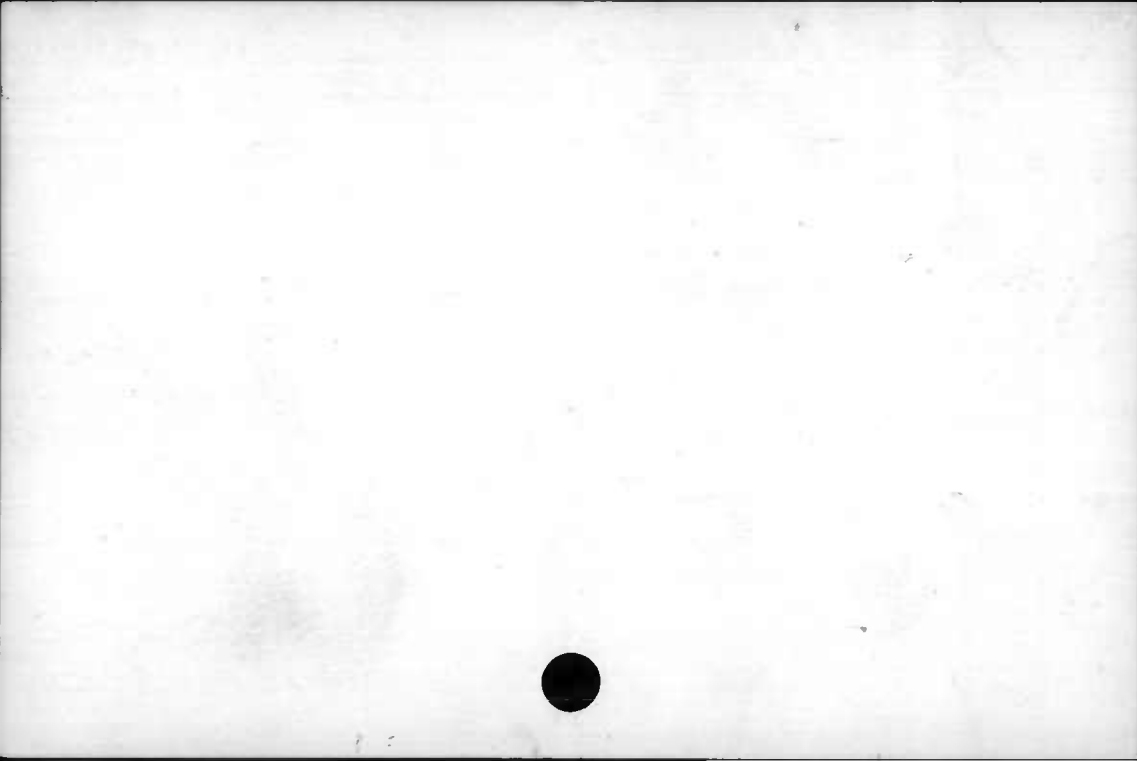
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Massey</i>		Town <i>Thornshire</i>		County <i>Worcester</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>23</i>		Years <i>34</i>	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>23</i>		Age <i>34</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Wor. Co Md.</i>			
Occupation <i>Former wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph Massey</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Worcester</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Worcester</i>					
Name of person giving Information <i>Joseph Massey</i>		How related to deceased <i>Husband</i>					

PHYSICIAN
OR CORONER

CAUSES OF DEATH		(27)	
Primary <i>Tuberculosis of Lungs</i>	How long <i>One year</i>		
Immediate <i>Tubercular Meningitis</i>	How long <i>One week</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. Drickman</i>	Address <i>Berlin Md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stockton ^{Town} Merritt ^{County} Worcester
 Date of death 1908 ^{Month} July ^{Day} 6 ^{Age} 0 ^{Years} 0 ^{Months} 0 ^{Days} 0
 Sex Female Color or Race White Birth-place MA
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name John Merritt Father's Birthplace VA.
 Mother's Maiden Name Laura Taylor Mother's Birthplace MA.
 Name of person giving Information John Merritt How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born S How long

Immediate

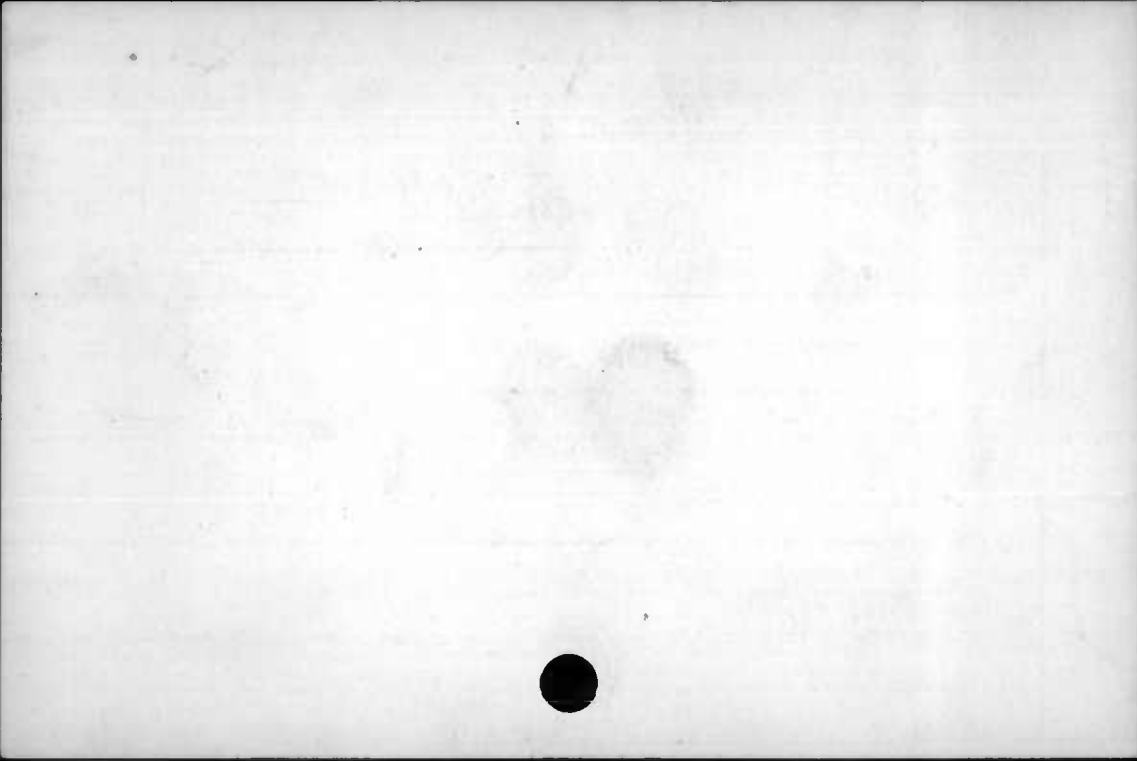
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

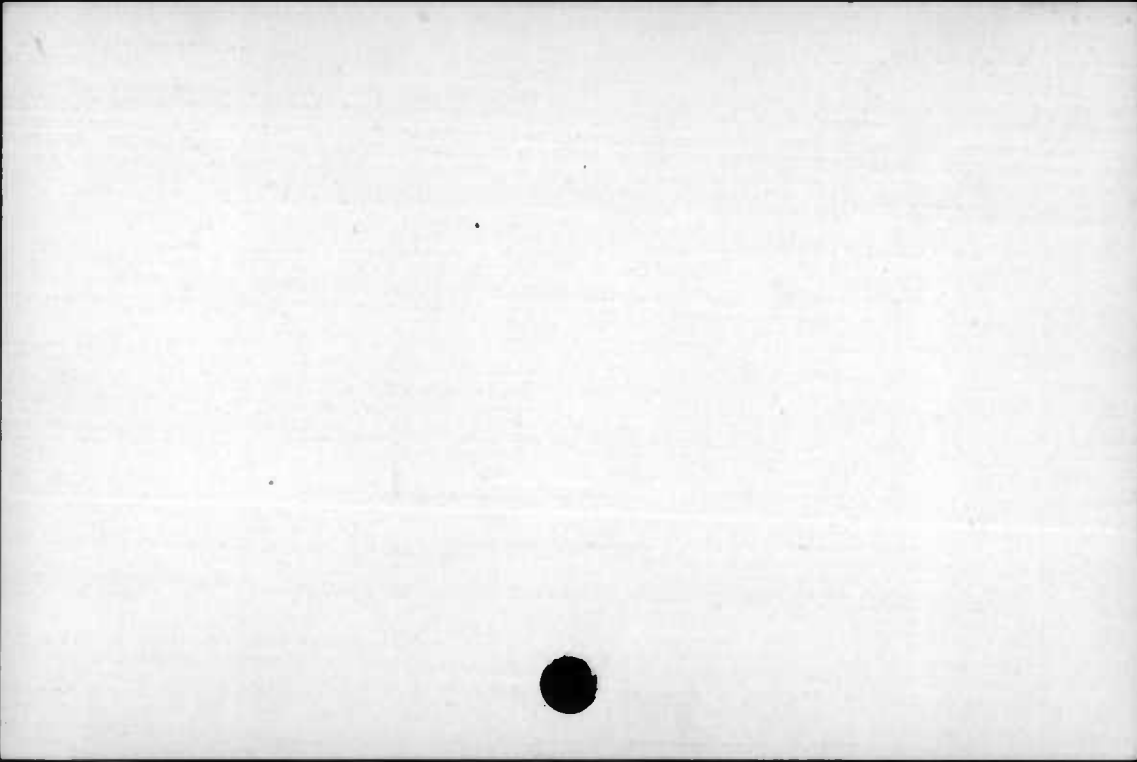
Address

John D. Dickerson
Stockton
Worcester Co

Accident or Suicide?



Name In Full <i>Ellen G. Murray</i>		Town <i>Bishop B. 4 S. 2</i>		County <i>Worcester</i>		CERTIFICATE OF DEATH	
Died at <i>Bishop B. 4 S. 2</i>		Date of death <i>1908</i>		Month <i>July</i>		Day <i>1st</i>	
Age <i>64</i>		Years <i>64</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Ebe W. Murray</i>					
Father's Name <i>John Davidson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Lottie Anderson</i>		Mother's Birthplace <i>D. C.</i>					
Name of person giving information <i>Millie Murray</i>		How related to deceased <i>Daughter</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">154</div>							
Primary		How long					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Collins</i>					
<i>Yes</i>		Address <i>Bishopville</i>					
Accident or Suicide?		<i>Yes</i>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

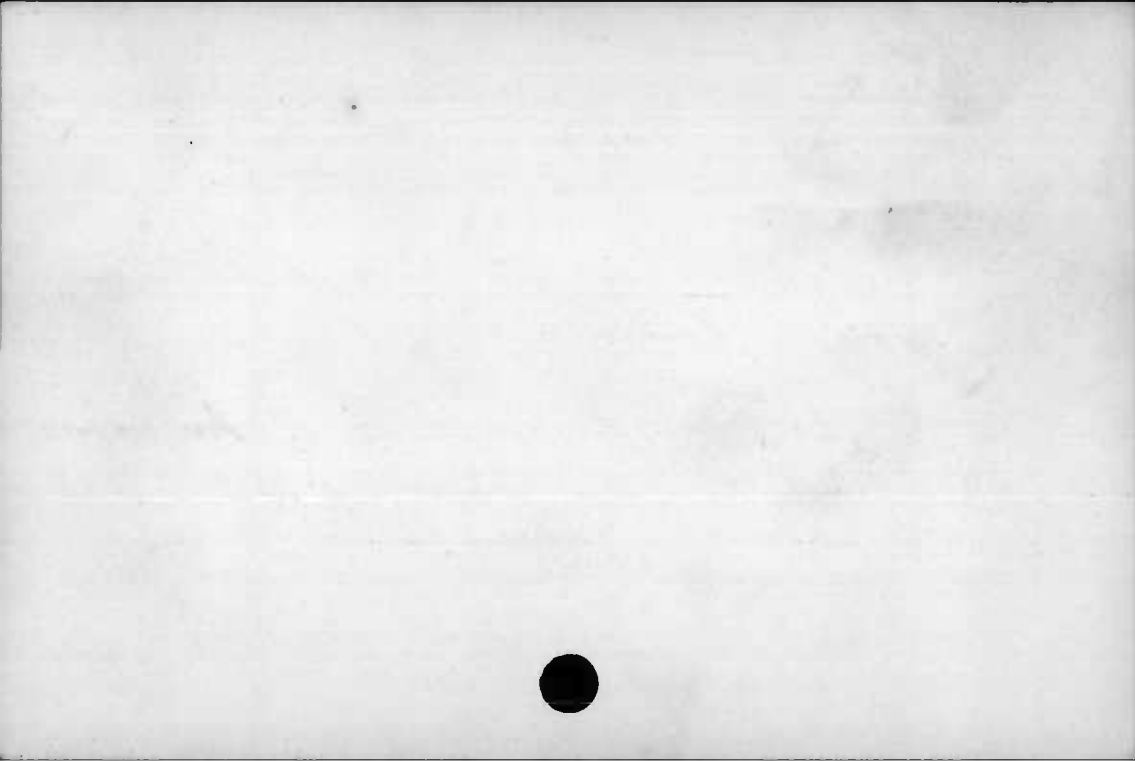
Sibby Custer		County		MARYLAND	
Died at <i>near Brooke</i> Town		<i>Montgomery</i> County			
Date of death <i>1908 July</i> Month		<i>14th</i> Day		<i>30</i> Years	
		Age		Months	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>V</i>			
Married, Single or Widowed <i>married</i>		Name of color Husband <i>Wm R. Custer</i>			
Father's Name <i>The same</i>		Father's Birthplace			
Mother's Maiden Name <i>The same</i>		Mother's Birthplace			
Name of person giving information <i>Wm R. Custer</i>		How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Stiffness of limbs</i>	How long	<i>see notes</i>
Immediate	<i>Sudden Collapse</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Wilson</i>	
		Address <i>Brooke City</i>	
Accident or Suicide? <i>Yes</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Phely Parnell

Town *Berlin* County *Western* **MARYLAND**

Died at *Berlin*

Date of death *1908* Month *July* Day *21* Age *60* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Don't know*

Father's Name *John Laffin* Father's Birthplace *Maryland*

Mother's Maiden Name *Don't know* Mother's Birthplace *—*

Name of person giving Information *Andrew Richardson* How related to deceased *Aunt*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

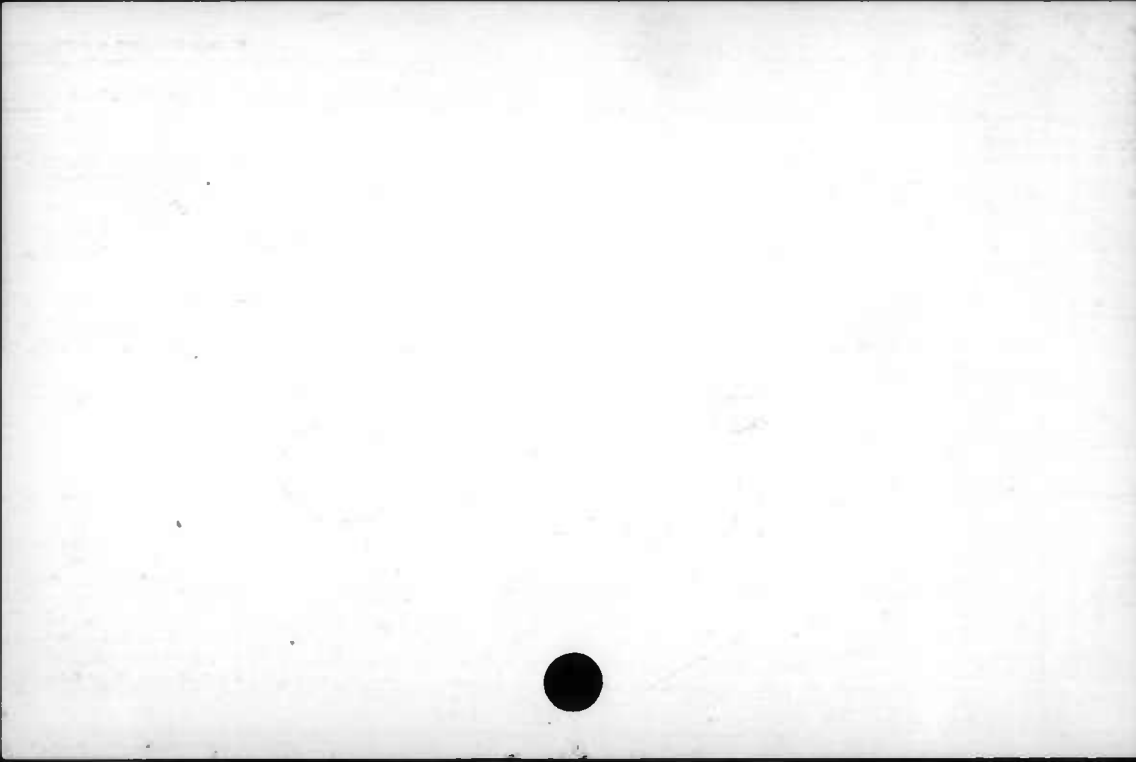
Primary *Pneumonia* How long *1 month*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. A. Tyndall* Address *Berlin*

Accident or Suicide *—*



Name
in
Full

Bosa & Pilchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Crop Roads*

Town

Worcester

County

MARYLAND

Date

of death *1908 July*

Month

Day

13

Age

Years

86

Months

4

Days

Sex

*Female*Color or
Race*White*Birth-
place*Worcester Co. Md*

Occupation

*House wife*Where Residing if not
at place of death*at place of death*~~Married, Single~~
or WidowedName of Wife or
Husband*Senwood Pilchard*Father's
Name*William Veasey*Father's
Birthplace*near Stockton Md*Mother's
Maiden Name*Nancy Mason*Mother's
Birthplace*Worcester Co Md*Name of person giving
Information*Mitchel Pilchard*How related
to deceased*Son*

CAUSES OF DEATH

74

Primary

Infirmities of age

How long

Two weeks

Immediate

Neuralgia of Brain

How long

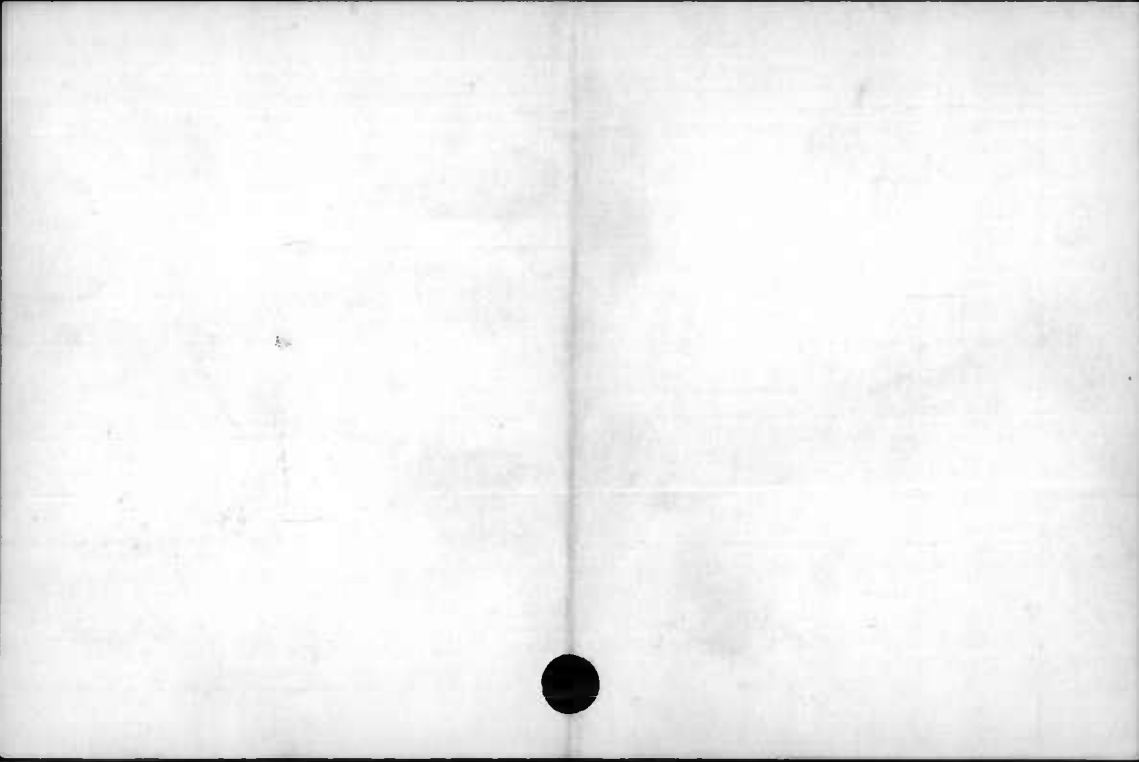
*2 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*F. J. Cooster*

Address

Beornoke City Md

Accident or Suicide?

*9*PHYSICIAN
OR CORONER



Name
in
Full

Chas Robbins

CERTIFICATE OF DEATH

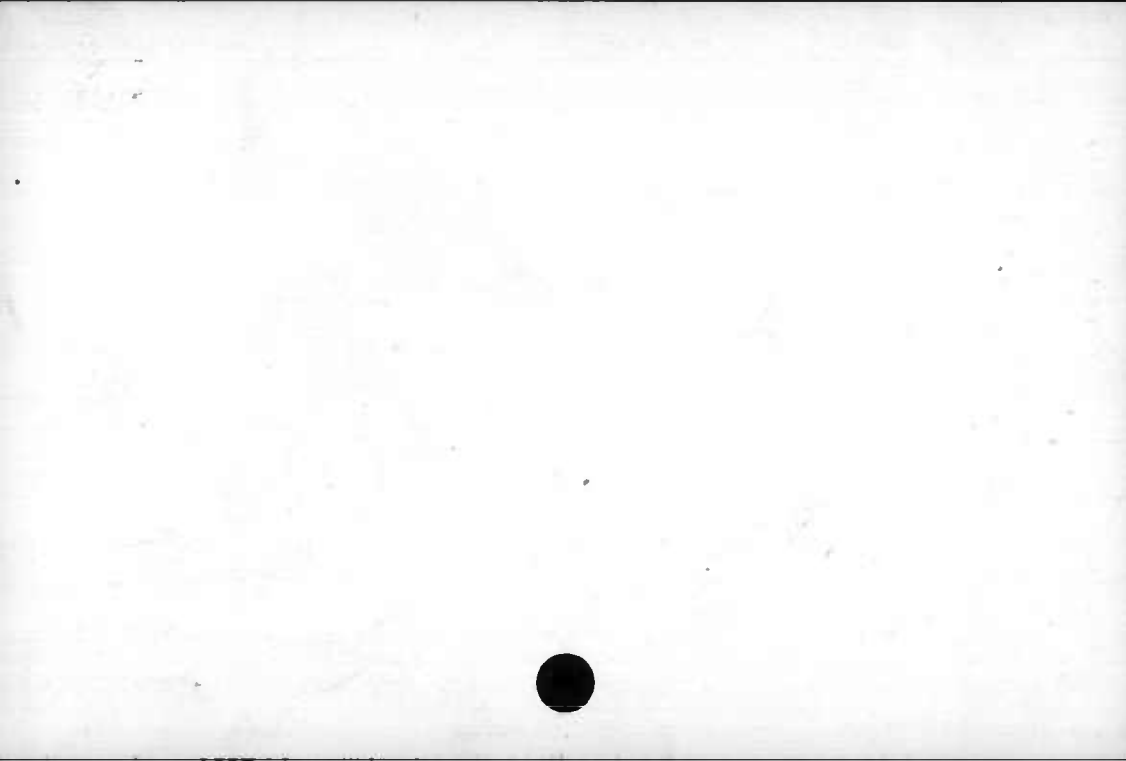
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> ^{town}		<u>Nov</u> ^{County}		MARYLAND	
Date of death 1908 <u>July</u> ^{Month}		<u>31</u> ^{Day}	<u>8</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>male</u>	Color or Race <u>Black</u>	Birthplace <u>Berlin</u>			
Occupation <u>Farmer</u>	Where Reading if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Huaband <u>Kate Robbins</u>				
Father's Name <u>Don't know</u>	Father's Birthplace <u> </u>				
Mothar's Maiden Nama <u>Kate Robbins</u>	Mothar's Birthplace <u>Berlin</u>				
Nama of person giving Information <u>Mother</u>		How related to deceased <u>Mother</u>			

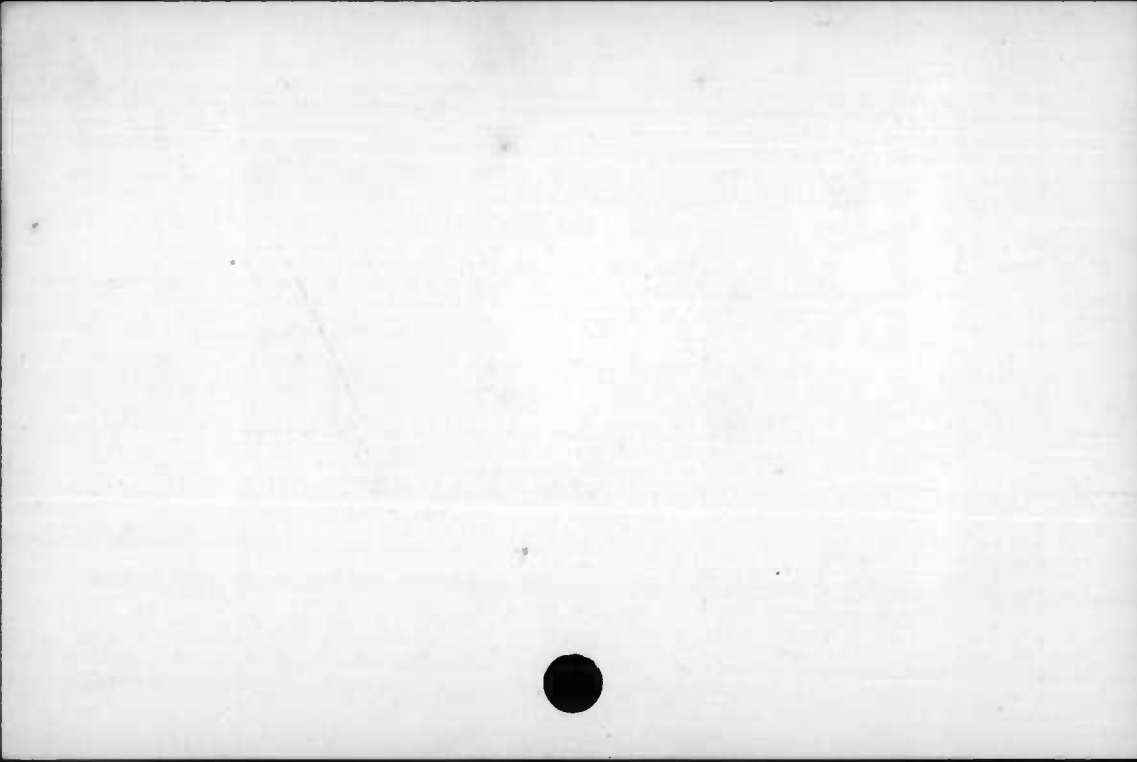
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion of bowels</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. J. H. Taylor</u>
	Address <u>Berlin</u>
Accident or Suicide <u> </u>	



Name in Full		Elicha Robbins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Berlin Town		Woo County		MARYLAND		
	Date of death	1908	Month 7	Day 7	Age 3	Months	Days 9	
	Sex	male		Color or Race	col'd		Birth-place	md
	Occupation	—			Where Residing if not at place of death			
	Married , Single or Widowed	Name of Wife or Husband			none			
	Father's Name	Geo. Hudson				Father's Birthplace	md	
	Mother's Maiden Name	Saddie Robbins				Mother's Birthplace	md	
Name of person giving information	Mrs. Hassitt				How related to deceased	none		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">106</div>								
PHYSICIAN OR CORONER	Primary	Summer Complaint				How long	3 Weeks	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	No doctor			
				Address	Mrs. Hassitt			
					Berlin Md.			
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

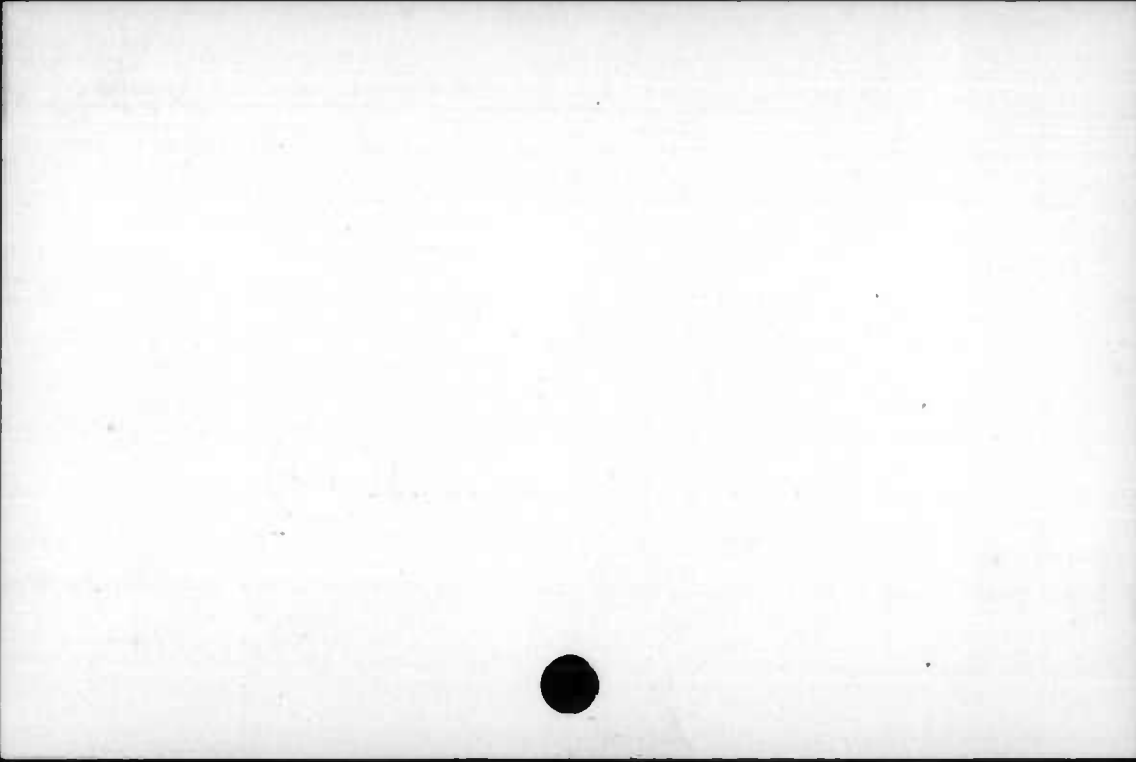
Died at <u>Wellesbourne</u> Town		<u>Robert</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>7</u>	Day <u>27</u>	Age <u>21</u>	Years <u> </u>	Months <u> </u> Days <u> </u>
Sex <u>female</u>	Color or Race <u>Black</u>	Birth-place <u>md</u>		<u>md</u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>		<u>md</u>		
Married Single	Name of Wife or Husband		<u>md</u>		
Father's Name <u>John Roberts</u>	Father's Birthplace <u>md</u>		<u>md</u>		
Mother's Maiden Name <u>Elizabeth Bratten</u>	Mother's Birthplace <u>md</u>		<u>md</u>		
Name of person giving information <u>Wallace Wharton</u>	How related to deceased <u>None</u>		<u>md</u>		

CAUSES OF DEATH

14

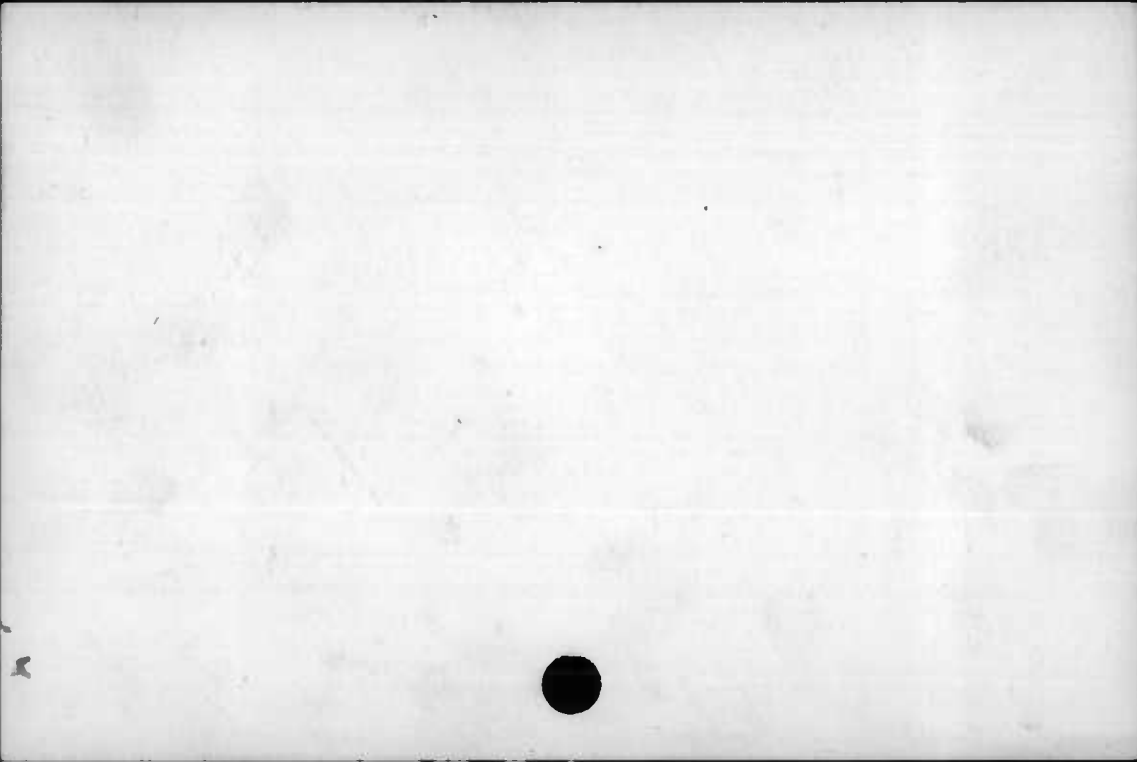
PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u>2 / days</u>
Immediate <u>Heart failure</u>	How long <u>1 Day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm O. Payne Jr</u>
	Address <u> </u>
Accident or Suicide?	



Name in Full		Malice Showell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Berthie		Mon.		MARYLAND	
	Date of death	1908	July	third	Age	7	seven
	Sex	male		Color or Race	Black		Birth-place
	Occupation	none		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Mr. Showell				Father's Birthplace	Berthie
	Mother's Maiden Name	Riggo Showell				Mother's Birthplace	Berthie
Name of person giving information	Mr. Showell				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Indigestion				How long	9
	Immediate	Marasmus				How long	2 1/2 months
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide? <input checked="" type="checkbox"/>							

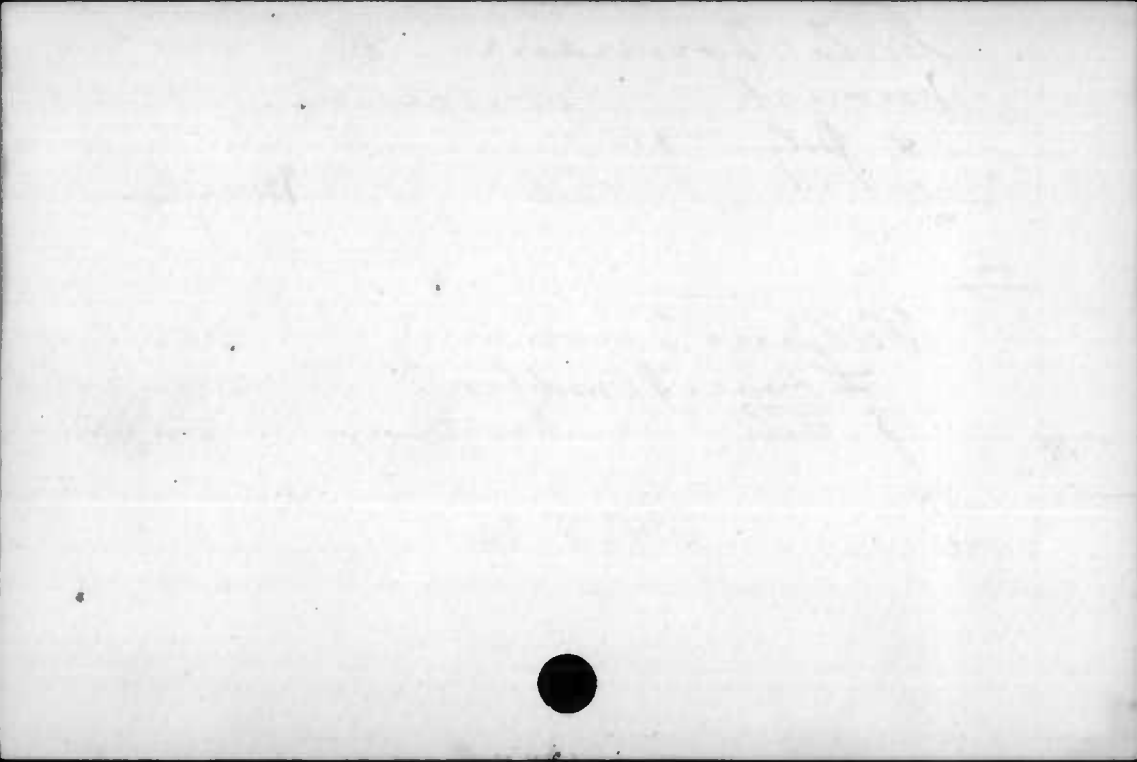
104



Name in Full		Violet Stungus				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Belin</i>		Town <i>Mon</i>		County <i>Mon</i>		MARYLAND
	Date of death <i>1904</i>	Month <i>7</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>
	Sex <i>Girl</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>		
	Occupation <i>—</i>			Where Residing if not at place of death			
	Maid , Single or Widow		Name of Wife or Husband				
	Father's Name <i>Robert Stungus</i>				Father's Birthplace <i>md</i>		
	Mother's Maiden Name <i>Eloora Tingle</i>				Mother's Birthplace <i>md</i>		
Name of person giving information <i>Robb Stungus</i>				How related to deceased <i>Husband's father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				<i>151</i>		How long <i>Sick since born</i>
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>No action</i>		
					Address <i>D. A. Massey</i>		
Accident or Suicide?		<i>9</i>				<i>H. Office O.K.</i>	



Name in Full		Mrs Mary E. Taylor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Berlin</u> <small>Town</small>		<u>Winchester</u> <small>County</small>		MARYLAND	
		Date of death <u>1908</u> <small>Month</small> <u>July</u> <small>Day</small> <u>1</u> <small>Age</small> <u>74</u> <small>Years</small>		<u>Months</u>		<u>Days</u>	
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
		Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>R. L. Taylor</u>		<u>Deceased</u>	
Father's Name <u>Henry Jarvis</u>		Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Mary Purnell</u>		Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Charles Taylor</u>		How related to deceased <u>Son</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Valvular disease of the heart</u>				How long <u>several years</u>	
		Immediate <u>Valvular disease of the heart</u>				How long <u>a few days</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>John S. Pitts</u>	
						Address <u>Berlin, Maryland</u>	
		Accident or Suicide? <u>No</u>					



Name
in
Full

CERTIFICATE OF DEATH

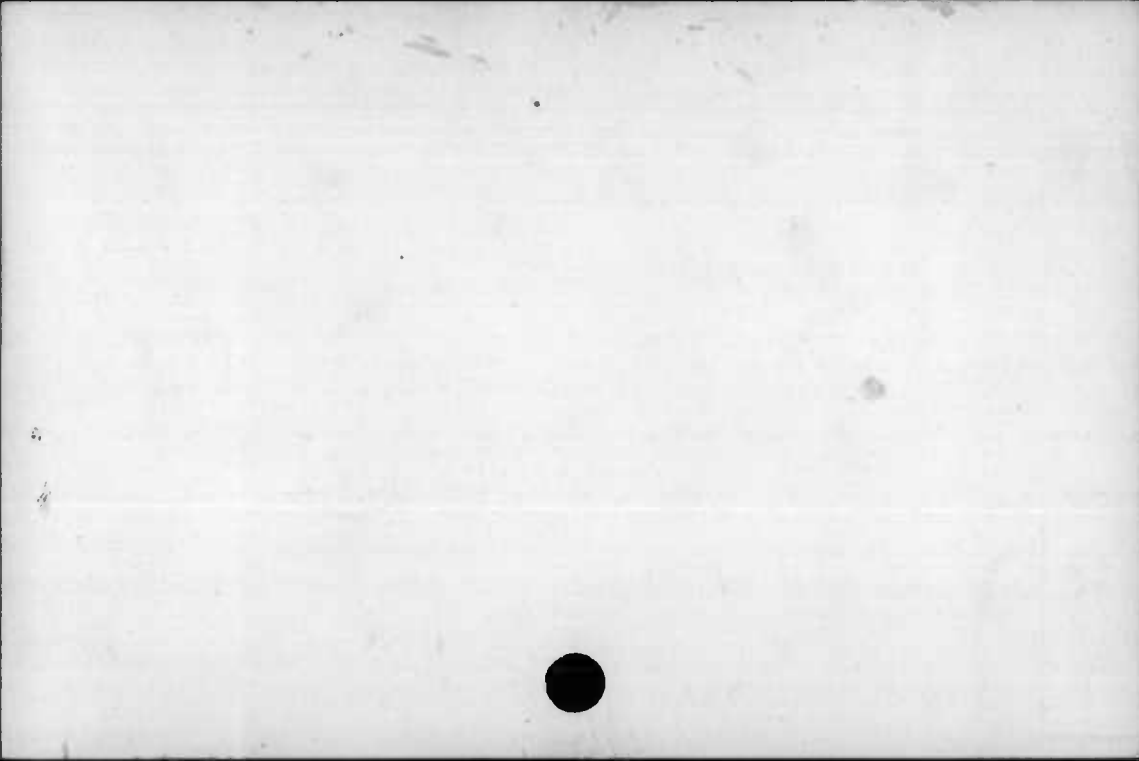
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Walter Teagle</i>		Town <i>Pocomoke</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 July 1st.</i>		<i>19</i>		<i>6</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Pocomoke</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death <i>near Pocomoke</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Sevin Teagle</i>		Father's Birthplace <i>Pocomoke</i>					
Mother's Maiden Name <i>Saura Teagle</i>		Mother's Birthplace <i>Pocomoke</i>					
Name of person giving information <i>Sevin Teagle</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Try phain fever</i>	How long	<i>26 days.</i>
Immediate	<i>Gradual weakness</i>	How long	<i>prolonged.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>T. W. C. I. Smith M.D.</i>	
		Address <i>Pocomoke Md.</i>	
Accident or Suicide?		<i>Worcester County</i>	



Name
in
Full

CERTIFICATE OF DEATH

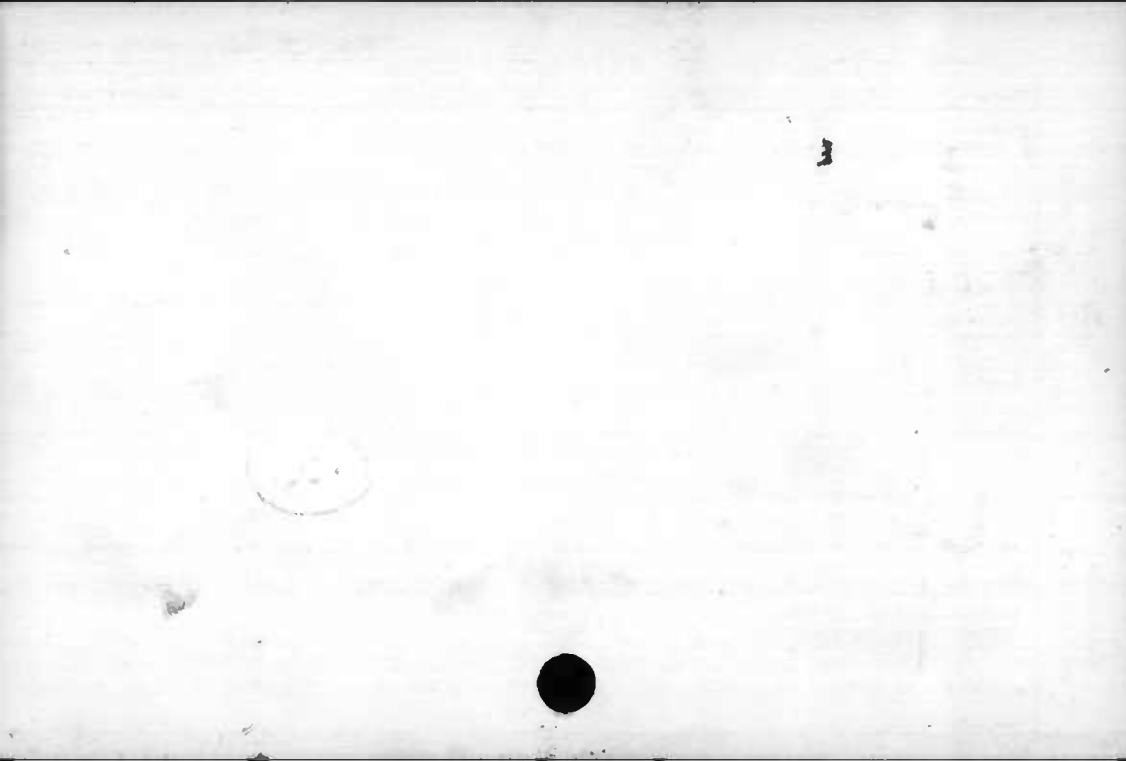
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	25	Age	1	14	
Sex	Male	Color or Race		White	Birth-place		
Occupation		Where Residing if not at place of death		Maryland			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		William Townson			Father's Birthplace		
Mother's Maiden Name		Lore Bradford			Mother's Birthplace		
Name of person giving Information		William Townson			How related to deceased		
					Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute infectious dysentery	How long	4 weeks
Immediate	invasion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
9		C. W. Drickson	
		Address	
		Berlin Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

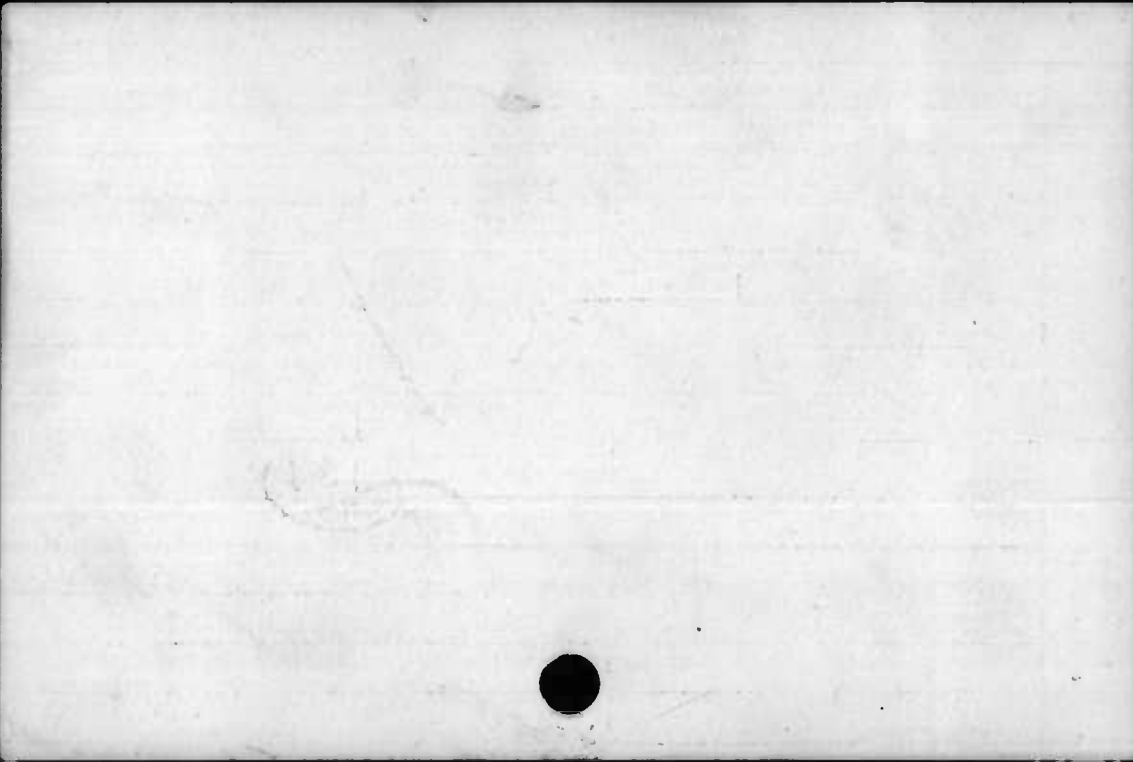
Died at <i>Bishop R & D #1</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>16</i>	Age	Years	Months <i>4</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Robert S. Wilkerson</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Jessie H. Willey</i>				Mother's Birthplace <i>Do</i>			
Name of person giving information <i>Payson E. Watson</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>1</i>	How long
Immediate	<i>Septicemia (Puerperal)</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. P. Quinn</i>
<i>Yes</i>		Address <i>Baltimore</i>
Accident or Suicide?		<i>No</i>



Name
in
Full

Morris Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocean City</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>July</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Cambridge</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Cambridge</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Nathan Wolf</i>		Father's Birthplace <i>Russia</i>			
Mother's Maiden Name <i>Gussie Turvey</i>		Mother's Birthplace <i>Russia</i>			
Name of person giving information <i>Morris Wolf</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary			How long	
Immediate	<i>Chloro botulism</i>		How long	<i>Four weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>Francis J. Howard</i>		
Address		<i>—</i>		
Accident or Suicide?		<i>Natural.</i>		

